Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

|  |   | CLAIMS AS                                 | Column (                              |                               | -                                     | mn 2) SMALL ENTITY                    |                |                     | OTHER THAI             |           |                     |                        |
|--|---|---|---------------------------------------|-------------------------------|---------------------------------------|---------------------------------------|----------------|---------------------|------------------------|-----------|---------------------|------------------------|
| TC   | TAL CLAIMS  |   | Column                                | _''/                          | COIU                                  | mn 2)                                 | ,<br>          |                     |                        | OR<br>1 I |                     |                        |
| ┝  |   |   |                                       |                               |                                       |                                       | ŀ              | RATE                | FEE                    |           | RATE                | FEE                    |
| FO   | R   |   | NUMBER I                              | FILED                         | NUMBER EXTRA                          |                                       |                | BASIC FEE           | 370.00                 | OR        | BASIC FEE           | 740.00                 |
| то   | TAL CHARGEA   | BLE CLAIMS                                | min                                   | us 20=                        | *                                     |                                       |                | X\$ 9=              |                        | OR        | X\$18=              |                        |
| <u> </u>   | EPENDENT CL   |   |                                       | nus 3 =                       | <u> </u>                              |                                       |                | X42=                |                        | OR        | X84=                |                        |
| MU   | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT                                |                               |                                       |                                       |                | +140=               |                        | OR        | +280=               |                        |
| * If   | the difference  | in column 1 is                            | less than zero, enter "0" in column 2 |                               |                                       |                                       | _              | TOTAL               |                        | OR        | TOTAL               |                        |
|  | C   | LAIMS AS A                                | MENDED                                |                               | •                                     |                                       |                | OTHER               | THAN                   |           |                     |                        |
|  |   | (Column 1)                                | XY                                    | (Colu                         |                                       | (Column 3)                            | _              | SMALL               | ENTITY                 | OR        | SMALL               |                        |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | IBER                                  | PRESENT<br>EXTRA                      |                | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | * 17                                      | Minus                                 | ** 2                          | 5                                     | =                                     |                | X\$ 9=              |                        | OR        | X\$18=              |                        |
|  | Independent   | TATION OF MI                              | Minus                                 | *** <                         | F CLAIM                               | =                                     |                | X42=                |                        | OR        | ; X84=              |                        |
| <u> </u>   | TINOT FRESE   | NATION OF IM                              |                                       |                               | +140=                                 |                                       | OR             | +280=               |                        |           |                     |                        |
|  |   |   | $\mathcal{C}$                         | _                             | TOTAL<br>DDIT. FEE                    |                                       | OR             | TOTAL<br>ADDIT. FEE |                        |           |                     |                        |
|  |   | (Column 1)                                |                                       | ^                             | DDIT. FEE (                           | · · · · · · · · · · · · · · · · · · · | •              | ADDI1.1 EE1         |                        |           |                     |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVI          | mn 2)<br>HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                      |                | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | . 17                                      | Minus                                 | **2                           | 5                                     | =                                     |                | X\$ 9=              | ·                      | OR        | X\$18=              |                        |
| AME  | Independent   | * 2                                       | Minus                                 | ***                           | 4                                     |                                       |                | X42=                |                        | OR        | X84=                |                        |
| _  | FIRST PRESE   | NTATION OF MI                             | JETIPLE DEF                           | ENDEN                         | CLAIM                                 |                                       | <b>!</b>       | +140=               |                        | OR        | +280=               |                        |
|  |   |   | 1                                     | L.                            | TOTAL<br>DDIT. FEE                    |                                       | OR             | TOTAL<br>ADDIT. FEE |                        |           |                     |                        |
|  |   | (Column 1)                                | ^                                     | DD11. 1 E.C.                  |                                       | •                                     | ADDII. I EEI   | 4                   |                        |           |                     |                        |
| AMENDMENT C  |   | CLAIMS REMAINING AFTER AMENDMENT          |                                       | HIGH<br>NUM<br>PREVI          | mn 2)<br>HEST<br>IBER<br>OUSLY<br>FOR | (Column 3) PRESENT EXTRA              |                | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | * //                                      | Minus                                 | ***                           | 5                                     | =                                     |                | X\$ 9≃              |                        | OR        | X\$18=              |                        |
|  | Independent   | * J                                       | Minus                                 | *** 4                         | T CLAIM                               | = /                                   |                | X42=                |                        | OR        | X84=                |                        |
| <u> </u>   | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                                       |                               |                                       |                                       |                |                     |                        | OR        | +280≈               |                        |
| **   | If the "Highest Nu  | mber Previously P                         | aid For <sup>*</sup> IN THI           | S SPACE                       | is less tha                           | an 20, enter "20."                    | <b>ب</b><br>ا۵ | TOTAL<br>DDIT. FEE  |                        | OR        | TOTAL<br>ADDIT. FEE |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                                       |                               |                                       |                                       |                |                     |                        |           |                     |                        |

**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |                 |                                  |                      |         |  |                  |          | SMALL ENTITY TYPE                 |                        |      | OTHER THAN OR SMALL ENTITY |                        |
|--|--|-----------------|----------------------------------|----------------------|---------|--|------------------|----------|-----------------------------------|------------------------|------|----------------------------|------------------------|
| FOR  |  |                 | NUMBER FILED                     |                      |         | NUMBER EXTRA                               |                  |          | RATE                              | FEE                    | 7    | RATE                       | FEE                    |
| BA   | SIC FEE  |                 |                                  |                      |         |  |                  |          |                                   | 380.00                 | OR   |                            | 760.00                 |
| TC   | TAL CLAIMS                                     |                 | 2                                | j minus :            | 20=     | *  |                  |          | X\$ 9=                            |                        | OR   | X\$18=                     | 18                     |
|  | DEPENDENT CL                                   |                 | <br>ن                            | — minus              | *       | ·-·  |                  | X39=     |                                   | OR                     | X78= |                            |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |                 |                                  |                      |         |  |                  |          |                                   |                        | OR   | +260=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |                 |                                  |                      |         |  |                  |          | TOTAL                             |                        | OR   | TOTAL                      | 778                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |                 |                                  |                      |         |  |                  |          | OTHER TO SMALL ENTITY OR SMALL EN |                        |      |                            |                        |
| AMENDMENT A  | 6  | CL<br>REM<br>AF | AIMS<br>AINING<br>FTER<br>IDMENT |                      | I<br>PF | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |          | RATE                              | ADDI-<br>TIONAL<br>FEE | ]    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NDM  | Total  | .2              | 5                                | Minus ** 2/          |         | 21   | = <i>4</i>       |          | X\$ 9=                            |                        | OR   | X\$18=                     | 128-                   |
| AME  | Independent                                    | *               | A NOTA                           | Minus                | . ***   | SINT OLANA                                 | = '/             |          | X39=                              |                        | OR   |                            | 90-                    |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                 |                                  |                      |         |  |                  |          |                                   |                        | OR   | +260=                      |                        |
|  | (Column 1) Sufficient 2 (Column 3)             |                 |                                  |                      |         |  |                  |          |                                   |                        | OR   | TOTAL<br>ADDIT. FEE        | 152 p.                 |
| AMENDMENT B  |  | CL<br>REM<br>AF | AIMS<br>AINING<br>TER<br>IDMENT  |                      | PR      | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |          | RATE                              | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *               | 17                               | Minus                | **      | 25,  | =                |          | X\$ 9=                            |                        | OR   | X\$18=                     |                        |
| AME  | Independent                                    | * C             | 2                                | Minus                | ***     |  | =                |          | X39=                              |                        | OR   | X78=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                 |                                  |                      |         |  |                  |          |                                   |                        | OR   | +260=                      |                        |
|  | •  |                 |                                  |                      |         |  |                  |          |                                   |                        | OR   | TOTAL<br>ADDIT. FEE        |                        |
|  | **************************************         |                 | umn 1)<br>AIMS                   | L:                   |         | olumn 2)                                   | (Column 3)       | 1 _      | ADDIT. FEE                        |                        |      |                            |                        |
| AMENDMENT C  |  | REM.<br>AF      | AINING<br>TER<br>IDMENT          |                      | PR      | HIGHEST<br>NUMBER<br>EVIOUSLY<br>PAID FOR  | PRESENT<br>EXTRA | -[       | RATE                              | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NDN  | Total  | * /             | 7                                | Minus                | **      | ~ <del>(</del> /                           | =                |          | X\$ 9=                            |                        | OR   | X\$18=                     |                        |
| AME  | Independ nt<br>FIRST PRESE                     | * C             | N OF MI                          | Minus<br>JLTIPLE DEF | END     | ENT CLAIM                                  | = /              |          | X39=                              |                        | OR   | X78=                       |                        |
|  |  |                 |                                  |                      |         |  |                  | <b>'</b> | +130=                             |                        | OR   | +260=                      | -,-                    |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                 |                                  |                      |         |  |                  |          |                                   |                        |      |                            |                        |